HEMOSTEMIX

Safe and Efficacious Autologous Cellular Medicine for CLI, PAD, Angina, Ischemic and Dilated Cardiomyopathy

MAY 26, 2021

FORWARD-LOOKING INFORMATION

This presentation contains forward looking statements that reflect management's expectations regarding the future growth and results of operational performance including but not limited to the scientific, financial, competitive and business prospects of Hemostemix Inc. ("Hemostemix" or the "Company"). This Presentation contains "forward-looking statements" and "forward-looking information" within the meaning of applicable securities legislation. Forward-looking information is generally, but not always identified by words such as "may", "would", "could", "will", "likely", "expect", "anticipate", "believe", "intend", "plan", "forecast", "project", "estimate", "potential", "might", "seek", "budget", "outlook", and other similar expressions. In addition, forward looking statements include, but are not limited to, the Company's assessment of and targets for the stem-cell industry, including the potential opportunities and challenges in the current stem cell industry; matters pertaining to Hemostemix, including its strategy and anticipated and potential transactions and the characteristics thereof; future acquisition opportunities, partnerships, licensing opportunities and joint ventures and its pro forma impact to capitalization following the completion of any of the Company's business opportunities; matters pertaining to the Company's future research and development initiatives including future clinical trials, management's estimated timelines regarding the Company's clinical trials, regulatory approvals for ACP-01 and NCP-01, and many other projected timelines including regulatory approvals of the Company's submission(s); financial modeling matters, including metrics pertaining to anticipated financial and operational performance of operations; and, any matters pertaining to the potential for commercialization of its technology, sources and extent of necessary funding, manufacturing scalability and future business outcomes.

Actual results, performance and achievement(s) could differ materially from that expressed in, or implied by, any forward-looking information in this Presentation and, accordingly, investors should not place undue reliance on any such forward-looking information. Forward-looking information should not be read as guarantees of future performance or results. Forward-looking information and results could differ materially from general business, economic, competitive and regulatory risks now and in the future, including that the Company's current phase 2 clinical trial will be completed within the timelines and on the terms currently anticipated. As well, results may be inconsistent with general assumptions about the economic environment and stem cell industry environment, the business operations of Hemostemix including that each business will continue to operate in a manner consistent with past practice and pursuant to certain industry expectations and current market conditions.

Any forward-looking statements speak only as of the date on which such statement is made and the Company disclaims any intention or obligation to update or revise any forward-looking information as a result of new information, future events or otherwise, unless required by applicable law. New factors emerge from time to time and it is not possible for management to predict how such factors impact the Company's business, or the extent to which any factor or combination of factors may cause actual results to differ materially from those contained in any forward-looking statements. Forward-looking information contained in this Presentation is based on the Company's current estimates, expectations and projections, which the Company believes are reasonable as of the current date. The Company can give no assurance that these estimates, expectations and projections will prove to be correct. Historical statements should not be taken as a representation that such trends will be replicated in the future. No statement in this Presentation is intended to be nor may be construed to be an investment recommendation or a profit forecast.

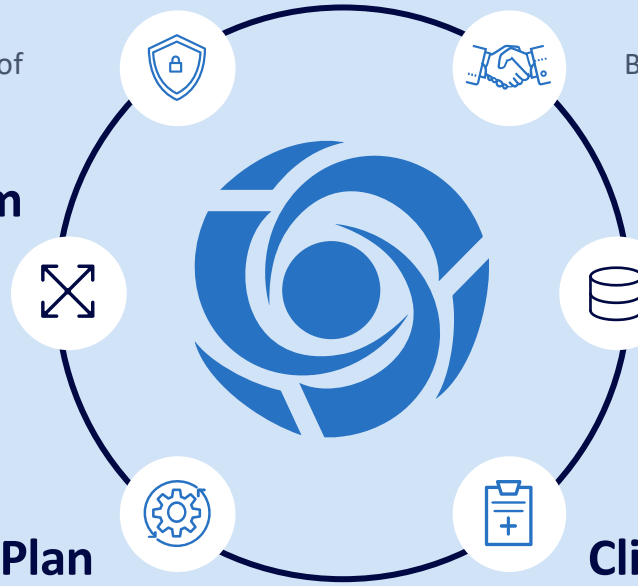
HEMOSTEMIX–
AT A GLANCE

Global IP Portfolio

91 Patents issued Worldwide
5 patent families including automation of production patent

Key Strategic Partnerships

Licenses
By Indication by Country



Expandable Technology Platform

ACP-01 – 5 indications
NCP-01 - stroke model as an indication
Machine engineered

Data Driven Biotech Company

Historical Data >500 patients treated
12 Years of treatment History
Multiple Trials (2) and Investigator led studies (3) completed

Actionable Business Plan

Lean structure
Experienced board and management team
Proven Scientific Advisory Board
International Advisory Board

Clinical Trials / Clinical Data

17 NA Sites : 65th patient enrollment
Abstract results show 83% of patients (10 of 12) show improvement
Endpoints reached Results expected in Q2 2021

BUILDING THE LEADING STEM CELL COMPANY

Innovative cellular medicines have the potential to change the way we treat serious diseases and the practice of medicine for good.

HEMOSTEMIX Inc is developing safe and efficacious autologous cellular medicines to treat diseases of high unmet need, like CLI, PAD, Angina, Ischemic & Dilated Cardiomyopathy.

ACP-01 has been used to treat over 500 patients, and it is the subject of a randomized, placebo-controlled, double blind trial of its safety and efficacy in patients with advanced critical limb ischemia who have exhausted all other options to save their limb from amputation.

Hemostemix Clinical Pipeline: ACP-01, NCP-01, BCP-01 have the potential to treat many debilitating diseases with high unmet medical need.

ACP-01 is a pioneering approach to the treatment of ischemia-based conditions of:

Critical Limb Ischemia (CLI) and Peripheral Arterial Disease (PAD)

Angina Dilated Cardiomyopathy, Ischemic Cardiomyopathy

Future potential: Other Cardiovascular Diseases

PATENTED AUTOLOGOUS
STEM CELL THERAPY PLATFORM TO DRIVE INNOVATION

>500 Patients treated

Abstract results show improvement in 83% of patients tested[1]

91 patents

cover five patent families including automated production of autologous peripheral blood-based

ACP-01 & NCP-01

Ongoing 17

Centre International Phase 2 Clinical Trial for Critical Limb Ischemia

ACP-01: Studied and clinically trialled for the treatment of ischemia-based conditions of:

- Critical Limb Ischemia and Peripheral Arterial Disease
- Angina Dilated Cardiomyopathy Ischemic Cardiomyopathy
- Future potential: Other Cardiovascular Diseases

CLINICAL DEVELOPMENT
PIPELINE

Candidate	Indication	Preclinical	Phase I	Phase 2	Status
ACP-01					
	Critical limb ischemia				Lead Clinical-Stage Product Candidate
ACP-01					
	PAD				
	Angina Pectoris				
	Ischemic & dilated Cardiomyopathy				Safety Trials (completed) in Multiple Indications
	Congestive Heart Disease				
	Acute Myocardial Infraction				
	Ischemic Renal Disease				
	Vascular Dementia				
	Erectile Dysfunction				
NCP-01					
	Stroke				
	Spinal Cord Injury				R&D
	Amyotrophic Lateral Sclerosis (ALS)				
BCP-01					
	Bone fractures				
	Skeletal breaks				R&D
	Surgical procedures				

THE TYPE OF STEM CELL MATTERS

How is it done?

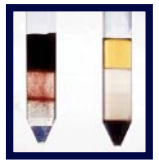
What do you get as the ACP-01 autologous cellular medicine?

Synergetic Cell Population (SCP): A blood-borne cell population containing core multipotent cells surrounded by supportive cells.

Multipotent Cell Enrichment: Peripheral blood mononuclear cells (PBMCs) were isolated using Ficoll gradient. Cells were than subjected to a second density-based cell enrichment step using Percoll.

Uniquely stable ACP-01 Product Characteristics and Product Stability!

ACPs are stable for 35 hours (shelf-life) in syringes!



MULTIPLE NEAR-TERM CATALYSTS ANTICIPATED (2021-2022)

2021

- **APRIL**
  - Completion of Phase 2 Trial in CLI (last patient follow-up completed: ***April, 30, 2021***
- **MAY**
  - Emerging Growth Conference: ***May 26, 2021 (Virtual)***
- **JUNE**
  - ASCENT Limb Preservation Conference: ***June 25-26, 2021 (Virtual)***
- **JULY**
  - Sir Anthony Ritossa's 15th Global Family Office Investment Summit: ***June 30-July 1, 2021 (Monte Carlo, Monaco)***
- **AUGUST**
  - Amputation Prevention Symposium (AMP) Conference: ***August 11-14, 2021 (Virtual)***
- **SEPTEMBER**
- **OCTOBER**
  - ARM's Cell & Gene Meeting on the Mesa Conference: ***October 12-14, 2021 (Carlsbad, CA)***
  - Symposium on Advanced Wound Care (SAWC) Conference: ***October 29-30, 2021 (Las Vegas, NV)***

2022

- **JANUARY**
  - International Symposia on Endovascular Therapy (ISET) Conference: ***January 16-19, 2022 (Hollywood, FL)***
- **FEBURARY**
- **MARCH**
- **APRIL**
  - ARM's Cell & Gene Meeting on the Mediterranean Conference: ***April 19-21, 2022***
- **MAY**
  - American Society of Gene & Cell Therapy Conference: ***May 16-19, 2022 (Washington, DC)***

HEMOSTEMIX

REALIZING THE IMPORTANCE OF INNOVATIVE CELLULAR MEDICINES

Disease Trends Support the Need for New Therapies

CLI is a major global health problem - incidence growing with diabetes and aging population

CLI has limited treatment options– significant amputations and high cost to society

Cardiovascular disease (“CVD”) is the number one cause of deaths in North America and worldwide causing approximately 1 in 3 deaths

Rising healthcare and economic costs- CVD costs anticipated to double by 2035 in USA

Strong Government and Public support

Regenerative medicine is the leading edge for biotech investment

Unmet need for new less invasive, less expensive non-surgical treatments

Right to try legislation approved in the USA mirrors EU and SE Asia autologous conventions of use

There is a gradual shift away from drugs toward personalized cell-based therapies

Population and Lifestyle Factors

Aging populations worldwide

Good health and quality of life are key concerns with aging

Poor diet and lifestyle increase prevalence of conditions of ischemia - related diseases treatable with ACP-01.

ENGINEERED ACP-01
KEY DIFFERENTIATORS

Autologous. Proven **safety and efficacy**

Blood draw: **safer, less invasive** than fat or bone marrow

Global portfolio of **91 patents** **Including automated production**

Non-surgical, enhanced cell therapy treatment for restoring circulation to blood starved tissues and organs

Low Patient Risks
Self-donation, means no immune rejection or disease transmission

High Cell Viability
Fresh cells in ready-to-use syringes, **no cryopreservation** required

Simple Protocol
Safe and easy to perform in outpatient clinic

No Ethical Concerns
Stem cells derived directly from patient

No Reported Safety Issues
No mobilization drugs needed to collect cells

Scalable
Simple, cost-effective production process

ENGINEERED ACP-01
COMMERCIAL OPPORTUNITY AND UPSIDE MARKET POTENTIAL

Critical Limb Ischemia Peripheral Arterial Disease

Angina and CVD

Ischemic Renal Disease

Vascular Dementia

Ischemic Erectile Dysfunction Disease

CLI - Tip of the Iceberg

CLI - Estimated total costs up to **$248B[1] in US.**

Cardiovascular Disease

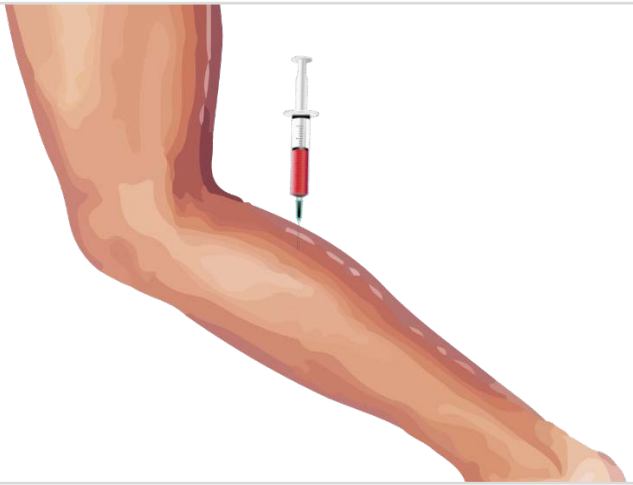
In the United States, total costs of CVD in 2016 was **$555B**; **it is projected to be $1.1T** by 2035

[1]Source: The Sage Group
[2]Source: American Heart Association Report: Cardiovascular Disease: A costly Burden for America

HEMOSTEMIX

WHY ACP-01 FOR CLI?
IT SAVES LIMBS

Hope for CLI Patients Facing Amputation



1

Extract and enrich patient's own cell population from peripheral blood

2

Inject patient's cell population to form new blood vessels, saving limb

SELF-DONOR
Uses patient's own cells, no immune rejection, no observed safety issues

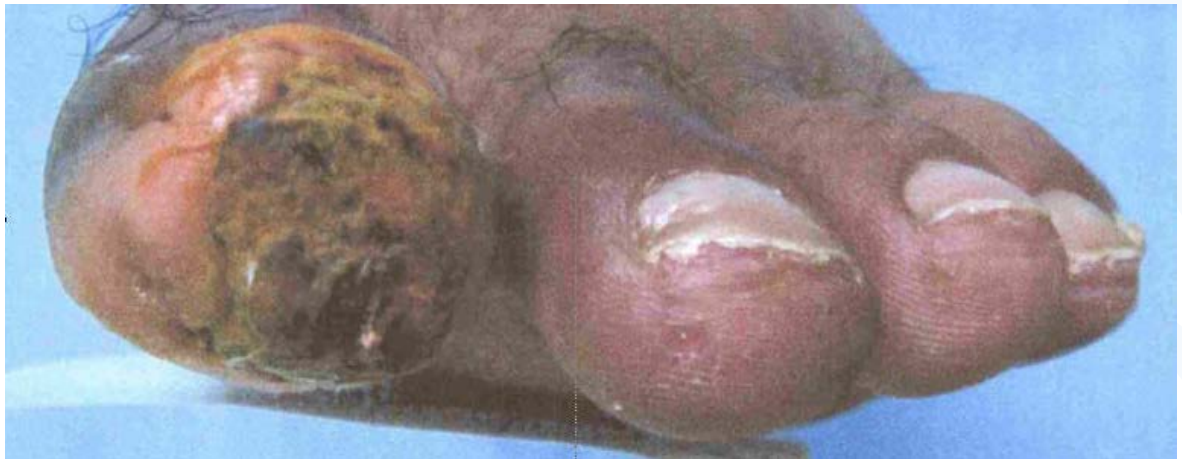
SIMPLE
Cell harvest via blood draw

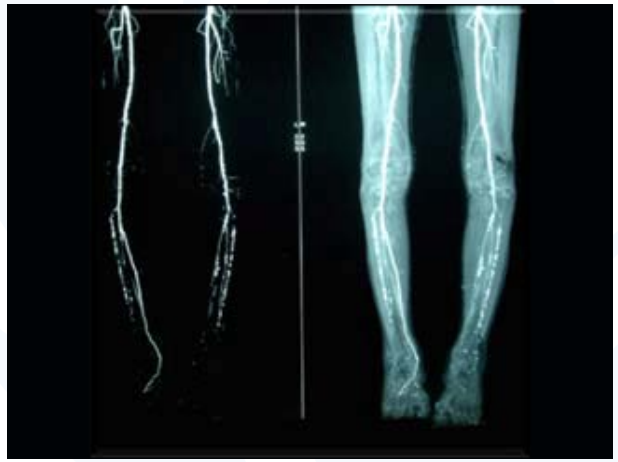
QUICK
7 days from draw to reinjection into patient's limb

CLI WITH ACP-01
IMPROVEMENTS VISUALIZED

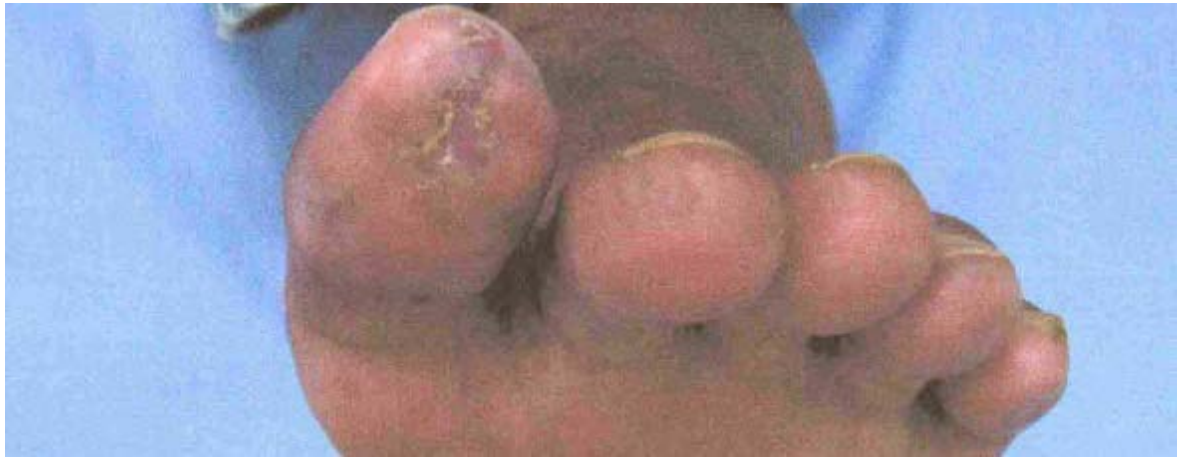
47 Days post ACP-01 Treatment

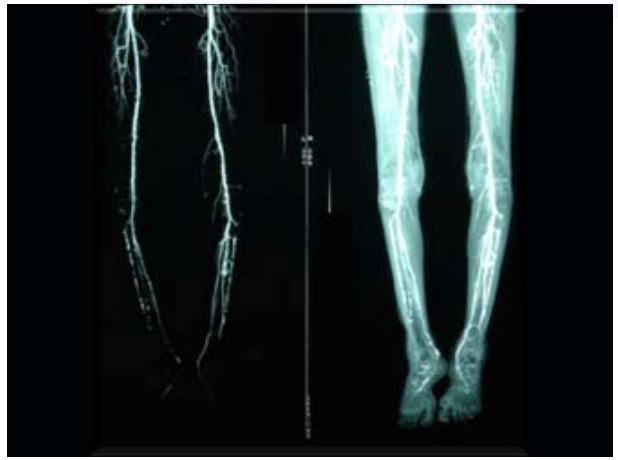
Before





After





PHASE 2 TRIAL FOR FOR CLI UPDATE

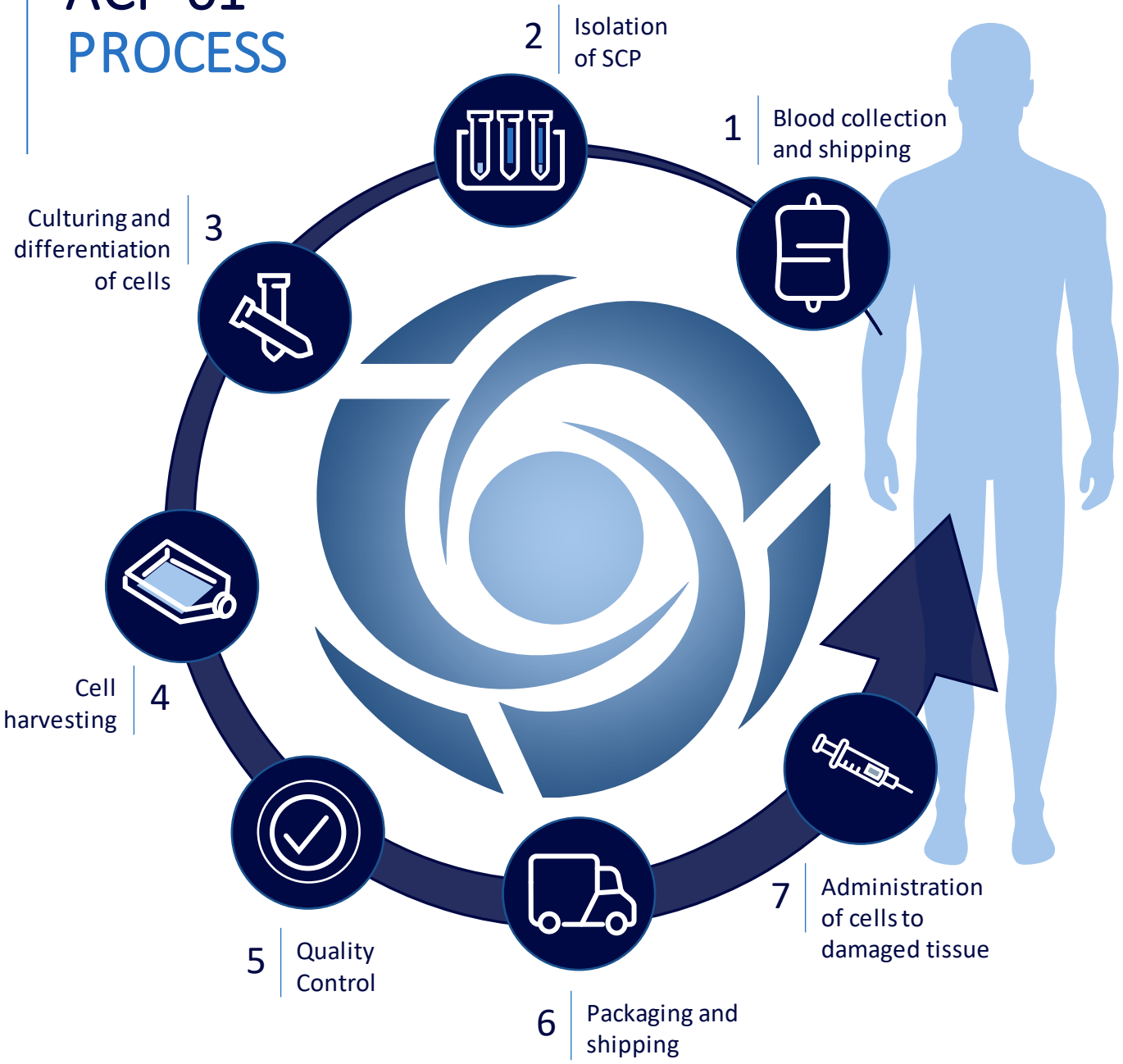
Randomized, placebo-controlled double blind
Phase 2 clinical trial to confirm the safety and efficacy of ACP-01

US FDA and Health Canada approved trial protocol

Phase 2 Trial

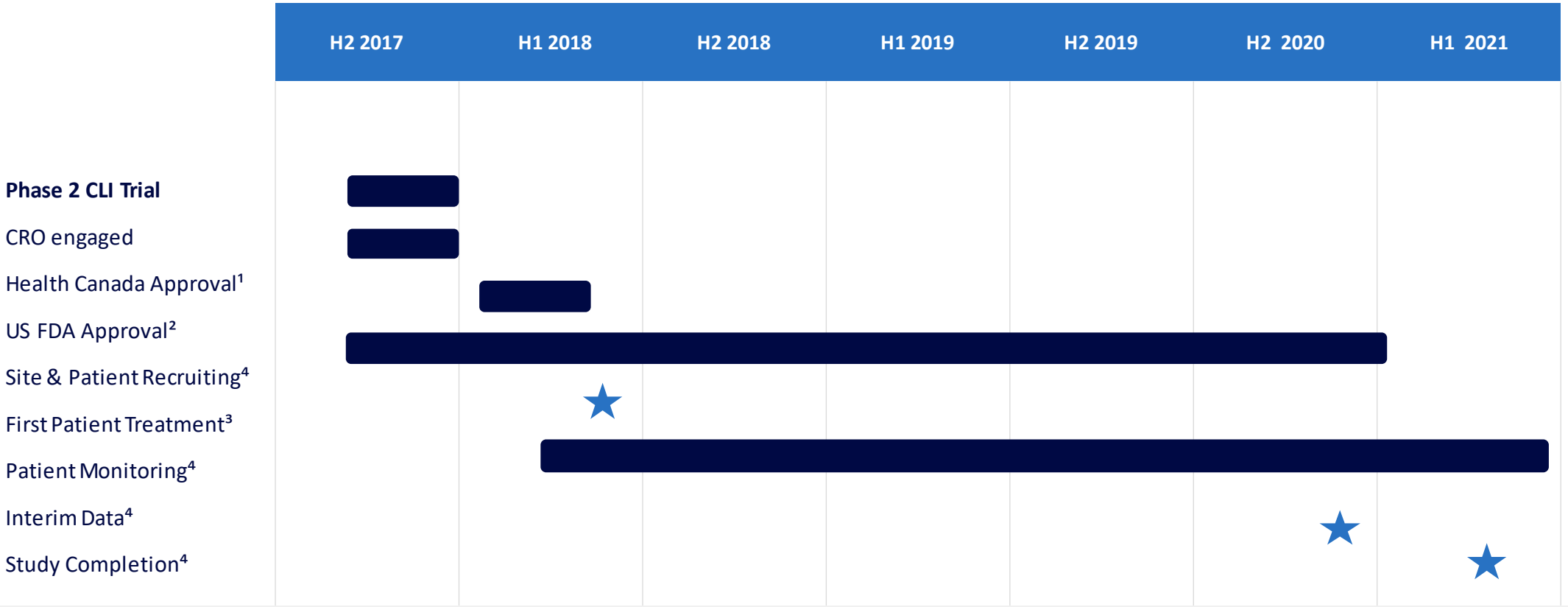
CRO	**17 sites on-boarded**	**65th Patient enrolled**	**Multicenter in US and Canada**	**FDA and Health Canada approved**	**All follow-ups completed by Apr**

ACP-01 PROCESS



1. Blood collection and shipping
2. Isolation of SCP
3. Culturing and differentiation of cells
4. Cell harvesting
5. Quality Control release tests and batch qualification
6. Packaging and shipping
7. Administration of cells to damaged tissue

PHASE 2
CLI TRIAL MILESTONES



A catalyst for future trials

Progression of the CLI Trial has opened the door for other ACP-01 clinical trials

[1]Health Canada Phase 2 Trial continuation approval received in December 2017.
[2]US FDA Phase 2 Clinical Trial continuation approval received April 2018.; IND originally approved in August 2015.
[3]First patient treatment under continued clinical trial announced May 3. 2018.
[4]Anticipated timeline.: April 2021 Report See Forward-Looking Information.

ACP-01 CLINICAL EXPERIENCE
TRIAL HISTORY

TYPE OF STUDY	Pilot Safety/ Feasibility	Phase 1b Safety and Efficacy	**Phase 2 Safety and Efficacy**	Clinical Trial Safety/ Feasibility	Safety and Efficacy	Safety and Efficacy
STUDY LOCATION	Thailand	Hungary	**Canada and United States**	Thailand	Thailand	Bangkok Heart Hospital
STUDY DESIGN	Open label	Open label	**Randomized Double Blind Placebo Controlled**	Open label	Open label	Open label
NUMBER OF SUBJECTS	6	20	**65** **Anticipate Interim Analysis to be completed when 42 patients complete 26 weeks of follow-up.**	24 Planned (17 completed)	106	41
PATIENTS	Diagnosed CLI	Diagnosed PAD	**Diagnosed CLI**	Diagnosed Angina	Diagnosis of severe ischemic heart disease with continued angina pain or heart failure symptoms	Diagnosed Ischemic Cardiomyopathy or Dilated Cardiomyopathy
STUDY STATUS	Completed	Completed And Published	**In Progress. Enrollment suspended during Midpoint Analysis**	Completed And Published	Completed Results Available	Completed And Published

HEMOSTEMIX
EXPERIENCED SENIOR LEADERSHIP TEAM

Management and Directors

Peter Lacey, ICD.D
Chairman of the Board

Dr. Ronnie Hershman, M.D., F.C.C.S.
Director

Loran Swanberg
Director

Thomas Smeenk, BA
President, CEO, Co-Founder & Director

Christina Wu, CPA, CGA
Interim Chief Financial Officer

Advisory Board

Timothy Chang, BA
Private Investor and an investment committee member of an Asian-based hedge fund with average total AUM of approximately US$1 billion

David H. Tsubouchi, B.A., J.D., LL.D., D.S.Litt., C.Dir.
First Japanese Canadian to be elected to any provincial legislature in Canada and to be appointed as a Cabinet Minister
Served as the Minister of Consumer and Commercial Relations, Solicitor General, Chair of Management Board and Minister of Culture

Honorable Shelia Copps, OC, PC
Former Deputy Prime Minister of Canada, Minister of Environment, Minister of Heritage and a senior member of the federal cabinet for 10 years

CERVUS EQUIPMENT · LANDSMAN · NYU Langone Health · Swanberg AIR INC. · Vieworx · Torex Gold RESOURCES INC. · BROADWAY GOLD MINING · marrelli Group of Companies · RSM

HEMOSTEMIX
EXPERIENCED SENIOR LEADERSHIP TEAM

Scientific Advisory Board

Dr. York Hsiang, MB, ChB, MHSc, FRCSC
Professor of Vascular Surgery at University of British Columbia, and Consultant Surgeon at the Vancouver General Hospital

Dr. Pierre Leimgruber, MD, FACC
Board-certified in internal medicine, cardiovascular diseases, and interventional cardiology. Specialist in cardiovascular disease treatment

Dr. Alan B. Lumsden, M.D.
Walter W. Fondren III Chair, Medical Director of the Houston Methodist DeBakey Heart and Vascular Center and chair of the Department of Cardiovascular Surgery at Houston Methodist Hospital since 2008

Dr. Norman C. W. Wong, B.Sc (Hon), M.Sc, M.D., FRCP(C)
Co-Founder of Resverlogix Corp. (TSX:RVX), and Chief Scientific Officer since 2003

Dr. Kumar L. Hari, PhD
Chief Scientific Officer at cBio, a private disease diagnostics and tracking firm

Abbott
Lilly
MERCK FROSST
Découvrir toujours plus. Vivre toujours mieux.
gsk GlaxoSmithKline
SOLVAY PHARMACEUTICALS
Myelin Repair Foundation
Collaboration. Acceleration. Results.
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE CIRM
RESVERLOGIX

SHARE CAPITAL
OVERVIEW

Share capital structure as of March 23, 2021
($CAD)

	Number	Ex. Price	Expiry or Closing
Common Shares Issued and Outstanding	56,197,154		
Stock Options	5,342,000	$0.70-$2.00	Apr 2023-Dec 2025
Share Purchase Warrants[2]	39,241,349	$0.55 - $1.00	Mar 2021-Dec 2021
Finder Warrants (See note 1 below)	2,395,548	$0.20-$1.00	Mar 2021-Dec 2021
Fully Diluted[1] (Includes dilutive effect of 2 x finder warrants)	103,176,050[1]		

[1]Includes 1,197,774 finder warrants which are exercisable into Units (one share and one warrant; totaling 1,197,774 shares and 1,197,774 warrants).

[2]Share Purchase Warrants – (each warrant exercisable into a share)

Number	Ex. Price	Expiry
13,618,522	$0-55 - $1.00	Mar 5-Mar 25, 2021
9,177,125	$1.00	May 7-July 9, 2021
918,450	$1.00	Nov 24, 2021
15,527,251	$1.00	Dec 18-Dec 25, 2021

HEMOSTEMIX TODAY

CLINICAL-STAGE COMPANY PIONEERING "BEST-IN-CLASS" ENGINEERED STEM CELLS

Newsweek

BusinessWeek

THE NATION
INSIGHTFUL, IN TREND, INDEPENDENT

TIME


The NEW ENGLAND JOURNAL of MEDICINE

REVIEW ARTICLE

FRONTIERS IN MEDICINE

Stem Cells in the Treatment of Disease

Helen M. Blau, Ph.D., and George Q. Daley, M.D., Ph.D.

AUTOLOGOUS STEM CELL TREATMENT FOR CLI PATIENTS WITH NO REVASCULARIZATION OPTIONS: AN UPDATE OF THE HEMOSTEMIX ACP-01 TRIAL WITH 4.5 YEAR FOLLOWUP

Introduction

Methods

Results

Conclusion

RIGHTS OF ACTION FOR DAMAGES OR RESCISSION

The following statutory rights of action for damages or rescission will only apply to a purchaser of securities of the Company in the event that this presentation is deemed to be an offering memorandum pursuant to applicable securities legislation in certain provinces of Canada. These remedies, or notice with respect thereto, must be exercised, or delivered, as the case may be, by the purchaser within the time limits prescribed by the applicable provisions of the provincial securities legislation. Purchasers should refer to the applicable securities legislation for the complete text of these rights or consult with a legal adviser. Where used in this section, "Misrepresentation" means an untrue statement of a material fact or an omission to state a material fact that is required to be stated or that is necessary to make a statement not misleading in light of the circumstances in which it was made.

Ontario

Securities legislation in Ontario provides that purchasers of securities are entitled to rights of action for rescission or damages where an offering memorandum and any amendment to it contains a Misrepresentation. In accordance with Section 130.1 of the Securities Act (Ontario) (the "Ontario Act"), in the event that an offering memorandum or any amendment thereto contains a Misrepresentation, a purchaser who purchases securities offered by such offering memorandum during the period of distribution has, without regard to whether the purchaser relied upon the Misrepresentation, a right of action against the issuer for damages, or, while still the owner of the such securities purchased by that purchaser, for rescission, in which case, if the purchaser elects to exercise the right of rescission, the purchaser will have no right of action for damages against the issuer, provided that: (a) the issuer will not be liable if it proves that the purchaser purchased the securities with knowledge of the Misrepresentation; (b) in the case of an action for damages, the issuer will not be liable for all or any portion of the damages that it proves do not represent the depreciation in value of the securities as a result of the Misrepresentation relied upon; and (c) in no case will the amount recoverable in any action exceed the price at which the securities were sold to the purchaser.

A purchaser resident in Ontario should refer to the provisions of the Ontario Act and its regulations for particulars of the rights and defences discussed above and consult with a lawyer. The rights discussed above are in addition to and without derogation from any other right or remedy which a purchaser might have at law.

No action shall be commenced to enforce these statutory rights more than: (a) in an action for rescission, 180 days from the date of the transaction that gave rise to the cause of action; or (b) in an action for damages, the earlier of: (i) 180 days after the plaintiff first had knowledge of the facts giving rise to the cause of action; or (ii) three years after the date of the transaction that gave rise to the cause of action.